

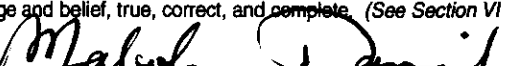


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
 For Official Use Only NOV 13 2002 OLMS DROP		1. FILE NUMBER  518-090	2. PERIOD COVERED MO DAY YEAR From 01 02 2000 Through 12 31 2001
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
		8. MAILING ADDRESS (Type or print in capital letters.) First Name RALPH Last Name MANDREW P.O. Box • Building and Room Number (if any) PO BOX 3112 Number and Street City CHRISTIANSTED STCROIX State ZIP Code + 4 VI 00822-3112	
		4. AFFILIATION OR ORGANIZATION NAME	
		5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	#48 Office & Administrative Expense. Office Supplies & Expense 3,325.- Equipment Rental 3,052.- Office Insurance 1,295.- Electricity 6,229.- 8,894		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED:  9/12/02 (340) 773-3131 Date Telephone Number		58. SIGNED:  9/18/2002 (340) 774-8110 Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

02-321-013/518090  
\* 5 1 8 0 9 0 \*

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   |     | X  |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

452

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$ 500 000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO YEAR  
10 2003

23. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

## Rates of Dues and Fees

- |                       |          |     |       |                     |
|-----------------------|----------|-----|-------|---------------------|
| (a) Regular Dues/Fees | \$ 10.00 | per | Month | (Month, Year, etc.) |
| (b) Initiation Fees   | \$ 30.00 |     |       |                     |
| (c) Transfer Fees     | \$       |     |       |                     |
| (d) Work Permits      | \$       | per |       | (Month, Year, etc.) |

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 518-090

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. <small>Last Name</small> MANDREW <small>First Name</small> RALPH <small>Title</small> PRESIDENT <small>Status</small> C		0	15298	15298
2. <small>Last Name</small> DANIEL <small>First Name</small> MALCOLM <small>Title</small> VICE PRESIDENT <small>Status</small> C		0	0	0
3. <small>Last Name</small> ALLEN <small>First Name</small> RUSSELL <small>Title</small> RECORDING SECRETARY <small>Status</small> C		0	0	0
4. <small>Last Name</small> ROBLES <small>First Name</small> DONALD <small>Title</small> EXECUTIVE BOARD <small>Status</small> C		0	0	0
5. <small>Last Name</small> GARAWAY <small>First Name</small> LINDA <small>Title</small> EXECUTIVE BOARD <small>Status</small> C		0	0	0
6. <small>Last Name</small> ASKA <small>First Name</small> STEAROY <small>Title</small> EXECUTIVE BOARD <small>Status</small> C		0	0	0
7. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>		0	0	0
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8				
Enter the Total from Line 11 in ..... Item 45 →			10. Less Deductions	0
			11. Net Disbursements	15298

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 518-090

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	1610	9779	32. Accounts Payable .....	213604	288012
	26. Loans Receivable .....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities .....	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	81697	0
	29. Fixed Assets .....	13320	13320	36. TOTAL LIABILITIES .....	295301	288012
	30. Other Assets .....	1153	1153	37. NET ASSETS (Item 31 less Item 36).....	279218	263760
	31. TOTAL ASSETS.....	16083	24252			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	110594	45. To Officers (from Item 24) .....	15298
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	26721
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	5065
	41. Interest & Dividends .....	243	48. Office & Administrative Expense .....	35338
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	3678
	43. Other Receipts .....	143	50. Benefits .....	5507
	44. TOTAL RECEIPTS .....	110980	51. Contributions, Gifts & Grants .....	360
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	10844
			55. TOTAL DISBURSEMENTS .....	102811

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name _____ First Name _____				
Title _____	Status _____			
Last Name _____ First Name _____				
Title _____	Status _____			
Last Name _____ First Name _____				
Title _____	Status _____			
Last Name _____ First Name _____				
Title _____	Status _____			
Last Name _____ First Name _____				
Title _____	Status _____			
Last Name _____ First Name _____				
Title _____	Status _____			
Totals				

OFFICE AND ADMINISTRATIVE EXPENSE CONTINUED

LOCAL 611, VIRGIN ISLANDS, FILE NO. 518090

Annual Post Box Fee	55.00
Fax/Telephone	3,047.00
Rent	13,410.00
Computer Diskettes	30.00
Bank Charges	109.00
Security Bond	73.00
Petty Cash	229.00
Cellular Phone	806.00
Other Expenses	2,750.00
Postage	42.00
Unemployment Tax	27.00
W/holding Tax	<u>5,859.00</u>
	\$ 26,464.00
	\$ 8,874.00
Total =	<u>\$ 35,338.00</u>

OTHER DISBURSEMENTS

Dues Refund	512.00
Percapita	1,410.00
Tickets Refund	809.00
Registration Fee	200.00
Automobile Expense	998.00
Hotel	2,019.00
Penalty & Interest	161.00
Bonus	500.00
Quickbooks Tax Table	308.00
Toilet Repairs	79.00
Equipment Repairs	432.00
Printing	386.00
Computer Instructions	800.00
Catering Service	1,500.00
Installation Program	740.00
	<u>\$10,844.00</u>